

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 25-SEP-2015	TIME 21:04:00	2. ADDRESS OF OCCURRENCE 906 N CENTRAL PARK AVE CHICAGO, IL 60651	3. LOCATION CODE 290	4. BEAT/OCUR 1112		
	6. POSITION 9161	7. LAST NAME CRONIN	8. FIRST NAME ERIC S	9. STAR NO. 11828	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE WHI	12. HT. 600
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT. 15-MAR-2013	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1123	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	20. LAST NAME ANDERSON	21. FIRST NAME JAMES	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 510
REASON FOR USE OF FORCE (Check all that apply)	28. SUBJECTS ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <input checked="" type="checkbox"/> KNIFE/OTHER CUTTING INSTRUMENT	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED [REDACTED]	37. CB NO. 00000000	IR NO. [REDACTED]
WEAPON DISCHARGE INCIDENT	38. SUBJECTS ACTIONS MEMBER PRESENCE VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WHISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		39. ADDITIONAL INFORMATION		40. WEAPON INFORMATION		
	40. WEAPON INFORMATION 41. POSITION 42. WEAPON TYPE 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>	43. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	44. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	45. WEATHER CONDITIONS CLEAR	46. MAKE/MANUFACTURER [REDACTED]	47. MODEL [REDACTED]	48. BARREL LENGTH [REDACTED]
49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]			
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
59. WHO FIRED FIRST SHOT 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]	60. WAS FIREARM RELOADED DURING INCIDENT 01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/>	63. HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/>	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS 01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 8 FT. <input type="checkbox"/> 02 9 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. <input type="checkbox"/>						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>	69. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <input type="checkbox"/>						
70. EVENT NO. 1526816271	71. THIRD NO. HY438368						
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.						
	73. REPORTING MEMBER (Print Name) SLECHTER, SCOTT M 26-SEP-2015 02:35:08	STAR NO. 119	STAFF/EMPLOYEE NO. 1462	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) FLETCHER, CHRISTOPH D		
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
	75. DATE REVIEWED 26-SEP-2015 02:52:45	TIME 26-SEP-2015 02:52:45	LOG# 1011328				
CPD-11.377 (REV. 3/08)	Attachment 16						

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

Subject Deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer CRONIN acted in compliance with Department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1077328 DETAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)  
**FLETCHER, CHRISTOPH D**

SIGNATURE

DATE COMPLETED 26-SEP-2015 TIME 02:54:14

79. TOTAL TRR's THIS EVENT NO.